

WESTERN WASHINGTON UNIVERSITY

TIME ANALYSIS REPORT

For Period Beginning: _____

For Period Ending: _____

WWU Grant Fund # _____

Project Title: _____

Date of Submission _____

Signature of Grant Director

Provide – Name, ID Number & Salary Fund Source	Total Time	1. Time Spent On Project	2. Time Spent “Other”	3. G or C Funded Project Time	Column 1 Less 3	DO NOT USE
FACULTY OR ADMIN. STAFF:						
	100%	%	%	%	%	
	100%	%	%	%	%	
	100%	%	%	%	%	
	100%	%	%	%	%	
	100%	%	%	%	%	
CLASSIFIED STAFF:						
	100%	%	%	%	%	
	100%	%	%	%	%	
	100%	%	%	%	%	
	100%	%	%	%	%	
	100%	%	%	%	%	
OTHER MONTHLY STAFF: (Grad. Or Dept. Assistants)						
	100%	%	%	%	%	
	100%	%	%	%	%	
	100%	%	%	%	%	
	100%	%	%	%	%	
PART-TIME – HOURLY: (Students or Temporary)						
	hrs.	hrs.	hrs.	hrs.	hrs.	
	hrs.	hrs.	hrs.	hrs.	hrs.	
	hrs.	hrs.	hrs.	hrs.	hrs.	
	hrs.	hrs.	hrs.	hrs.	hrs.	

SEND COMPLETED FORM TO: Rose-Mary Barstad, RSP, MS-9038